## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I  |  |   |                    |                                   |                           |                                   |            | SMALL ENTITY       |                        |      | OTHER THAN         |                        |
|---|--|---|--------------------|-----------------------------------|---------------------------|-----------------------------------|------------|--------------------|------------------------|------|--------------------|------------------------|
| <del></del>   | TAL OLABAC                                     | <u> </u>                                  | (Column 1)         |                                   | (Column 2)                |                                   | ]          | TYPE               |                        | OR   | SMALL ENTITY       |                        |
| TOTAL CLAIMS  |  |   | Ц                  |                                   |                           |                                   | •          | RATE               | FEE                    |      | RATE               | FEE                    |
| FOR   |  |   | NUMBER FILED       |                                   | NUMB                      | ER EXTRA                          |            | BASIC FEE          | 385.00                 | OR   | BASIC FEE          | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | // minus 20≃       |                                   | *                         |                                   |            | X\$ 9=             |                        | OR   | X\$18=             |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 =          |                                   | *                         |                                   |            | X43=               |                        | OR   | X86=               |                        |
| ML  | ILTIPLE DEPEI                                  | NDENT CLAIM P                             | RESENT             |                                   |                           |                                   | Ī          | +145=              |                        | OR   | +290=              | ·                      |
| * If  | the difference                                 | e in column 1 is                          | less than ze       | ero, enter                        | "0" in c                  | column 2                          | L          | TOTAL              | -                      | OR   | TOTAL              |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                    |                                   |                           |                                   |            |                    |                        | 4    | OTHER              | THAN                   |
|   |  | (Column 1)                                |                    | (Colun                            |                           | (Column 3)                        |            | SMALL              | ENTITY                 | OR   | SMALL              |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>OUSLY              | PRESENT<br>EXTRA                  |            | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus              | **                                |                           | =                                 |            | X\$ 9=             |                        | OR   | X\$18=             |                        |
| AME   | Independent                                    | *   | Minus              | ***                               | CL AIRA                   |                                   |            | X43=               |                        | OR   | X86=               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                    |                                   |                           |                                   |            | +145=              |                        | OR   | +290=              |                        |
|   |  |   |                    |                                   |                           |                                   |            | TOTAL              | ,                      | OB I | TOTAL              |                        |
|   |  | (Column 1)                                | А                  | DDIT. FEE (                       |                           | ] - · · ·                         | ADDIT. FEE |                    |                        |      |                    |                        |
| AMENDMENT B   |  | CLAIMS                                    |                    | (Colum                            | EST                       | (Column 3)                        | Г          |                    | ADDI-                  | 1 1  |                    | ADDI-                  |
|   |  | REMAINING<br>AFTER<br>AMENDMENT           |                    | NUME<br>PREVIO<br>PAID F          | USLY                      | PRESENT<br>EXTRA                  |            | RATE               | TIONAL                 |      | RATE               | TIONAL<br>FEE          |
|   | Total  | *   | Minus              | **                                |                           | =                                 |            | X\$ 9=             |                        | OR   | X\$18=             |                        |
|   | Independent                                    | *   | Minus              | ***                               |                           | =                                 |            | X43=               |                        | OR   | X86=               |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                                   |                           |                                   |            |                    |                        |      |                    |                        |
|   |  |   |                    |                                   |                           |                                   |            |                    |                        |      | +290=              |                        |
|   |  | ΑI  | TOTAL<br>DDIT. FEE |                                   | OR ,                      | TOTAL<br>ADDIT. FEE               |            |                    |                        |      |                    |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                    |                                   |                           |                                   |            |                    |                        |      |                    |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY                | PRESENT<br>EXTRA                  |            | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus              | ##                                |                           | = .                               |            | X\$ 9=             |                        | OR   | X\$18=             |                        |
|   | Independent                                    | *   | Minus              | ***                               |                           | ==                                |            | X43=               |                        | OR   | X86=               |                        |
|   | FIRST PRESE                                    | NTATION OF MU                             | LTIPLE DEP         | -                                 |                           |                                   |            |                    |                        |      |                    |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                    |                                   |                           |                                   |            |                    |                        | OR   | +290=              |                        |
| **  | the "Highest Nur                               | mber Previously Pa<br>mber Previously Pa  | id For" IN THIS    | S SPACE is                        | less than                 | 20. enter "20."                   | AD         | TOTAL<br>DDIT. FEE | •                      | OR A | TOTAL<br>DDIT. FEE |                        |
| וֹ  | he "Highest Num                                | ber Previously Paid                       | For" (Total or     | Independer                        | ress than<br>nt) is the l | i 3, enter '3."<br>highest number | found      | d in the app       | ropriate box           |      |                    |                        |